

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tcn Communications		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>11 / 03 / 2006</div> </div>	
Mailing Address 560 S. Valley View Drive Suite 3		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">422.55</div>	
City State Zip Code Saint George UT 84770		<b>Transaction ID:</b> EA3CDF421C98E4210A5F	
Purpose of Expenditure H2KY04071 GOTV Calls		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Geoff Davis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11213.35</div>			
Full Name (Last, First, Middle, Initial) of Payee Wzzs-fm		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 26 / 2006</div> </div>	
Mailing Address 7891 US Hwy 17		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	
City State Zip Code Zolfo Springs FL 33890		<b>Transaction ID:</b> EF5A7E4E101604D78871	
Purpose of Expenditure H6FL13148 Ad		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Vern Buchanan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">10608.16</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1022.55</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Carol Tobias Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>12 / 04 / 2009</div> </div>	